Jequirity—Its Use in the Treatment of Phlyctenular Keratitis, Phlyctenular Conjunctivitis, Ulcers of the Cornea and Granular Lids.

By EUGENE SMITH, M. D.,

Professor of Ophthalmology and Otology, Detroit Medical College, Detroit, Michigan.

[Reprint from The Medical Age, October 25, 1883.]

Jequirity—Its Use in the Treatment of Phlyctenular Keratitis, Phlyctenular Conjunctivitis, Ulcers of the Cornea, and Granular Lids.

Since writing the article on jequirity, which appeared in the Journal of the American Medical Association, Sept. 22, 1883, extracts of which were published in the last issue of the AGE, I have been experimenting with the drug in cases of phlyctenular trouble, and ulcers of the cornea.

Eight cases of phlyctenular conjunctivitis; typical cases, got well in from three to six days, with one application a day of a solution containing two decorticated seeds to the ounce of water, and allowed to macerate for 24 hours before use. The solution was not filtered, and a fresh solution was made every eight days.

In one old case of obstinate herpetic disease of the cornea and conjunctiva with pannus, but without co-existing trachoma, two applications of a 3-percent. solution, 24 hours apart, produced the characteristic jequiritic inflammation, and cured the disease. The case was a dispensary patient, whose surroundings were very poor, and for whom all forms of treatment for several months previous had proved ineffectual.

A case of vascular ulceration of the cornea in a girl 11 years old, whose eye had been the seat of phlyctenular trouble since last February, and who has been constantly under the treatment of the family physician all this time, was cured in two weeks with the application of the solution, two seeds to the ounce, once a day. The ulcer occupied nearly the entire upper and outer quadrant of the cornea, and had existed several weeks. The affected portion of the cornea appeared staphylomatous, giving to the cornea a somewhat conical shape when seen in profile. It was a very severe case, and showed no inclination to improve after several days' use of atropia and the pressure bandage. It was apparently a suitable case for iridectomy or Samisch's operation, but before resorting to operative procedure I concluded to try the jequirity. So great a change followed its first application, I continued its use, and was pleased to see the severer symptoms disappear in three days, two weeks sufficing to cure the case, with but a slight (comparatively speaking) opacity being left. Twenty-four hours after the first application the congestion of the cornea and conjunctiva had very sensibly diminished, the color changing from a scarlet to a pale rose color. The same strength was used as in the cases of phlyctenular disease. In none of these cases was there any marked increase of the conjunctival secretion, or any indication of the jequiritic inflammatory characteristics as seen in the stronger solutions.

Two cases of diffuse thickening of the conjunc-

tiva with thin pannus, a condition so frequently seen as a sequela of trachoma, have been under treatment about ten days with the weak solution, and both are improving wonderfully.

That others have failed in its use, I can very readily understand. Fear would deter many from using the stronger solution a sufficient length of time, as may be inferred from the following notes from my case-book of a case of trachoma with pannus, in which it (the 3-per-cent. solution) was used for three days, three times a day. After the fourth application to the conjunctiva and lids, there was such intense œdema of the lids, particularly the upper, that it was impossible to evert the lids or open widely the eye. The cornea and entire conjunctival sac were covered with a croupal-like membrane. During next 48 hours jequirity (same solution) was applied five times. There was a most intense erysipelatous-like œdema of the upper lid, which hung down over the under lid and looked like a phlegmon. Conjunctiva was chemosed and whole eye covered with a thick diphtheritic membrane; the cornea seemed covered with a slough containing extravasated blood and looked not unlike a complete staphyloma of the iris consecutive to a purulent ophthalmia of a virulent type with necrosis of the cornea, the iris seemingly covered with a false membrane of a wine color. No more medicine was used. There were great headache, nausea, febrile movement and pain, but no distinctly puru-

lent discharge. Forty-eight hours later the swelling and redness of lids were nearly gone, as was also most of the diphtheritic membrane. The following day the cornea was seen to be quite hazy with an extravasation of blood in the lower portion. There was also quite an extensive extravasation of blood in the lower half of the ocular conjunctiva. There had been considerable contraction of the superior rectus. Improvement continued without further medication and patient went home four weeks after first application seeing pretty well. No signs of the trachoma. This patient called to see me October 9th, about seven weeks after first application of jequirity and was pronounced well.

It is quite interesting after the above experience to read in the Recueil D'Ophthalmologie for August, 1883, (which has just reached me) an article entitled: "Du Jequirity et de son Insucces dans le traitement des Granulations" Par le Docteurs Parizotti et Galezowski, that "there is no truth in the so-called curative means of jequirity; and more, the infusion of jequirity is far from having the harmless effects attributed to it, because some corneæ are lost after being submitted to these experiments;" and further on "once the inflammation shall have completely disappeared and the jequiritic infiltration be absorbed, we shall find the morbid granular elements in their primitive state, without having undergone the least modification." After reporting a case of

failure the paper concludes by saying: "As for us, we think with M. Osio, of Madrid, that the method itself is not exempt from danger, because if in certain cases it aggravates the condition of the cornea and even causes its destruction, in other cases, more benign, it entrains most violent febrile phenomena, which, with children at least, is not entirely without danger."

That some patients are more susceptible to its effects than others is already an established fact, and that idiosyncrasies may influence its effects may be taken for granted.

It hardly seems possible that any one can expect all cases to be cured by jequirity, but that it will prove of inestimable value in ophthalmic practice I do not doubt. Its remarkable success in the cases I have spoken of above has placed it in the front rank of my armamentarium.

219 Fort street west.